

P.O. Box 747 • Falls Church, Virginia 22040-0747
Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

PRODUCING LIGHT GUIDE PLATE USING THE MOLD

Information - The specification was filed on _____ as
For Use Without United States Application Number _____;
Specification and amended on _____ (if applicable) and/or
Attached: the specification was filed on March 28, 2005 as PCT
International Application Number PCT/IP2005/006539; and was
amended on _____ (if applicable)

I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representative or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows.

Prior Foreign Application(s)

Insert Priority Information: (if appropriate)			Priority Claimed
<u>2004-106758</u> (Number)	<u>JAPAN</u> (Country)	<u>March 31, 2004</u> (Month/Day/Year Filed)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<u> </u> (Number)	<u> </u> (Country)	<u> </u> (Month/Day/Year Filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u> </u> (Number)	<u> </u> (Country)	<u> </u> (Month/Day/Year Filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u> </u> (Number)	<u> </u> (Country)	<u> </u> (Month/Day/Year Filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional applications(s) listed below.

Insert Provisional Application(s): (if any)	(Application Number)	(Filing Date)
	(Application Number)	(Filing Date)

All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:

Insert Requested Information: (if appropriate)	Country	Application Number	Date of Filing (Month/Day/Year)

I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

Insert Prior U.S. Application(s): (if any)	(Application Number)	(Filing Date)	(Status - patented, pending, abandoned)
Page 1 of 2	(Application Number)	(Filing Date)	(Status - patented, pending, abandoned)

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

BIRCH, STEWART, KOLASCH & BIRCH, LLP or CUSTOMER NO. 02292

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

**PLEASE NOTE:
YOU MUST
COMPLETE
THE
FOLLOWING:**

Full Name of First
or Sole Inventor:
Insert Name of
Inventor →
Insert Date This
Document is Signed

Insert Residence
Insert Citizenship →

Insert Post Office
Address →

Full Name of Second
Inventor, if any:
see above

Full Name of Third
Inventor, if any:
see above

Full Name of Fourth
Inventor, if any:
see above

Full Name of Fifth
Inventor, if any:
see above

Full Name of Sixth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME Masahiko HAYASHI	INVENTOR'S SIGNATURE <i>Masahiko Hayashi</i>	DATE* June 26, 2006
Residence (City, State & Country) Takaoka-shi, JAPAN	CITIZENSHIP JAPAN	
MAILING ADDRESS (Complete Street Address including City, State & Country) c/o ZEON CORPORATION, 6-2, Marunouchi 1-chome, Chiyoda-ku, Tokyo 100-8246 JAPAN		
GIVEN NAME/FAMILY NAME Kazunori UEKI	INVENTOR'S SIGNATURE <i>Kazunori Ueki</i>	DATE* June 26, 2006
Residence (City, State & Country) Takaoka-shi, JAPAN	CITIZENSHIP JAPAN	
MAILING ADDRESS (Complete Street Address including City, State & Country) c/o ZEON CORPORATION, 6-2, Marunouchi 1-chome, Chiyoda-ku, Tokyo 100-8246 JAPAN		
GIVEN NAME/FAMILY NAME Satoshi TAZAKI	INVENTOR'S SIGNATURE <i>Satoshi Tazaki</i>	DATE* June 26, 2006
Residence (City, State & Country) Sagamihara-shi, JAPAN	CITIZENSHIP JAPAN	
MAILING ADDRESS (Complete Street Address including City, State & Country) c/o ZEON CORPORATION, 6-2, Marunouchi 1-chome, Chiyoda-ku, Tokyo 100-8246 JAPAN		
GIVEN NAME/FAMILY NAME Kazuyuki OBUCHI	INVENTOR'S SIGNATURE <i>Kazuyuki Obuchi</i>	DATE* June 30, 2006
Residence (City, State & Country) Yokohama-shi, JAPAN	CITIZENSHIP JAPAN	
MAILING ADDRESS (Complete Street Address including City, State & Country) c/o ZEON CORPORATION, 6-2, Marunouchi 1-chome, Chiyoda-ku, Tokyo 100-8246 JAPAN		
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)	CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, State & Country)		
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)	CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, State & Country)		